## **2003 LIMITED LIABILITY COMPANY** UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1126 PONCE DE LEON AVENUE

## DOCUMENT # L9800000564

1. Entity Name

Principal Place of Business

5301 EAST HANNAH AVENUE

## AMWARE LOGISTICS SERVICES OF FLORIDA, L.L.C.



FILED Jan 22, 2003 8:00 am Secretary of State

01-22-2003 90090 030 \*\*\*\*50.00

TAMPA FL 33610 ATLANTA GA 30306									20014071						
2. Principal Place of Business				3. Mailing Address											
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES							
City & State				City & State				4. FEI 1	Number	58-238	8278			pplied For lot Applicable	
Zip		Country		Zip Country				5. Certi	ificate of §	Status Desir	ed		\$5.00 Ac	iditional	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent								
							<del></del>								
C T CORPORATION SYSTEM						Ourself Co. P. N. C. S. N. C.									
1200 SOUTH PINE ISLAND ROAD						Street Address (P.O. Box Number is Not Acceptable)									
PLA															
				City						FL	Zip Cod	de			
8. The above named entity submits this statement for the purpose of changing its reg the obligations of registered agent.							registere	ed agent,	or both, ir	the State of	of Florid		- I familiar with	, and accept	
the obligati	ons or registr	ered agent.													
SIGNATURE .	Cincolnia di Constituti	or printed name of reg													
	•	d Agent signat		when reinstati	ing)			DATE							
					FEE IS \$										
					orida De		nt of Sta	te							
				Du	e By Ma	ay 1, 200	3								
9. , MANAGING MEMBERS/MANAGERS							ADDITIONS/CHANGES								
TITLE	MGR	4		☐ Delete	TITLE	E							Change	☐ Addition	
NAME	ANWARE	NAM	E	AMW	ARE I	LOGIS	STICS	SER	VIC	EŜ, IN	NC.				
STREET ADDRESS	4600 FRC	STRE	ET ADDRESS							,					
CITY-ST-ZIP	FOREST	CITY	-ST-ZIP												
TITLE	MGR			☐ Delete	TITLE	:							☐ Change	☐ Addition	
NAME	DEDICATED COMMERCIAL LOGISTICS, INC.					Ε									
STREET ADDRESS	5301 EAST HANNAH AVENUE					ET ADDRESS								ļ	
CITY-ST-ZIP	TAMPA F	L 33610			CITY	-ST-ZIP								,	
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STREET ADDRESS CITY-ST-ZIP						ET ADDRESS ST-ZIP		•						.	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**SIGNATURE:** 

Jan. 13, 2003

(404) 872-7086

Daytime Phone #